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8/12/2016

FAX No.

P.001

Division of Corporations

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION

SOUTH FLORIDA BREWING COMPANY

Certificate of Status	0
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AUG 30 2016

T. SCOTT

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850-617-6381

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August 25, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EXPRESS

SUBJECT: SOFLO BREWING COMPANY  
REF: W16000059047

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

L14000136079-SOFLO BREWING COMPANY LLC,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: E16000199180  
Letter Number: 316A00018137

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: SUGAR WRANGLERS BREWING COMPANY**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

940 NW 132 AVE WESTMIAMI, FL 33182**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE PURPOSE FOR THIS COMPANY IS BREWERY**ARTICLE IV SHARES**

SHARES: 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANTANAS JURKSAITIS 50% (P)

Name and Title: \_\_\_\_\_

Address 940 NW 132 AVE WEST

Address: \_\_\_\_\_

MIAMI, FL 33182Name and Title: RICHARD ALVES 50% (P)

Name and Title: \_\_\_\_\_

Address 507 SW 95 CT

Address: \_\_\_\_\_

MIAMI, FL 33174

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

16 AUG 4 AM RD: 39

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANTANAS JURKSAITIS

Address: 940 NW 132 AVE WEST

MIAMI, FL 33182

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: ANTANAS JURKSAITIS

Address: 940 NW 132 AVE WEST

MIAMI, FL 33182


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

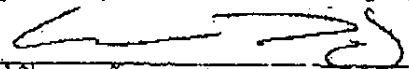
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

 _____ Required Signature/Registered Agent	<u>08/07/2016</u> _____ Date
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*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 _____ Required Signature/Incorporator	<u>08/07/2016</u> _____ Date
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